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FORM FIA-4518, REPORT OF CLIENT RECEIVED **SUPPORT**

FCB 2001-001 1-1-2001

FORM FIA-4518

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Γ	. ¬			ADC Grantee/Custodian		
				ADC Case Number		
I				ADC Load Number		
_				Court Case Number		
The following date specified of	child support payr on the Support Cer	tification Status	s Report. Chil	d support paymer	the ADC effective nts disbursed after of Social Services.	
DATE	COLLECTION			DSS USE		
DISBURSED	DATE	AMOUNT	RETURNED	BUDGETED	RECOVERED	
FOC County	Signature			Telephone Number	Date	
AUTHORITY: FED. 45 CFR of 302.31. RESPONSE: Required. PENALTY: None.			The Department of Social Services will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, handicap or political beliefs.			
DSS-4518 (Rev. 1-90)	Previous edition obsolete.		F		DSS; retains part 3. DSS art 2 to support specialist unit.	

FORM FIA-4518, REPORT OF CLIENT RECEIVED SUPPORT

FCB 2001-001 1-1-2001

FIA-4518 DESCRIPTION

FIA-4518, Report of Client Received Support, is used by the Friend of the Court office to report to MFIA collections sent to an ADC recipient after the ADC payment effective date. The ADC payment effective date is specified in Item 25 of Report DPSS-12 or Form FIA-1855, Support Certification Status Notice. MFIA uses information reported on the FIA-4518 to ensure that the collections are remitted to MFIA by the client or to initiate recovery action. Form FIA-4518 completion instructions are provided below.

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Description

Address box

Enter the address of the MFIA county office which generated Report DPSS-12 or Form FIA-1855 to certify the support order. The FIA county number is specified on the certification in the first two positions of the ADC Load Number listed in Items 1-3. The FIA county office address corresponding to the county number is listed in Appendix B of Section 4000.

ADC Grantee/ Custodian

List the ADC Grantee name as specified in Item 7 of the certification. If a grantee name is not specified in Item 7, list the custodian name from Item 12 of the certification.

ADC Case Number

List the ADC Case Number from Item 5 of the certification.

ADC Load Number

List the ADC Load Number from Items 1-3 of the certification.

Court Case Number

Specify the court case number for the certified support order.

Effective Date

Specify the date after which support collections on the certified support order will be transmitted to MFIA (i.e., deposited in the State Treasury account and detailed to OCS).

Collection Data

Identify collections sent to the ADC client after the ADC payment effective date specified in Item 25 of the certification. Collections are reportable by disbursement date, by collection date as defined in Chapter 640 (e.g., the month and year of receipt of the payment) and by amount. If one disbursement includes collections for two or more months, list the disbursement date, each collection month and year and the portion of the disbursement applicable to each collection month.

The disbursement date is used by MFIA to match records of collections remitted to MFIA by clients with the record of disbursements provided by FOCs. Collection dates and amounts are used to compute monthly ADC budgets and the amount of the ADC overpayment when a client fails to remit directly received support to MFIA.

FOC 615X1 3 of 3 FORM FIA-4518, REPORT OF CLIENT RECEIVED FCB 2001-001 **SUPPORT** 1-1-2001 **FOC County** List the FOC county name Signature Signature of the person completing the FIA-4518. Specify the telephone number of the contact person at the FOC office Telephone Number who completed the FIA-4518. Date List the date Form FIA-4518 was completed.

DISTRIBUTION Send Parts 1 and 2 of the FIA-4518 to the MFIA county office that gen-

erated the certification. Retain part 3 in the court case file.